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K.SALY EXAMINER DEC 31 2015

COVER LETTER

TO: Registration Sec Division of Corp	tion orations			
SUBJECT:	B 4 M /	ndustrial f	Tower Se	ruice
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return all correspond	dence concerning this matter t	o the following:		
	Ma	WA De La	Cruz	
		Firm/Company		
	Dana	C. ~~	1-1	
	7000	Cupseed	CN	
	Harmo	my, FL 3	34773	
	E-mail address: (to	City/State and Zip Code 828	hoo . Correport notification)	<u> </u>
For further information con	cerning this matter, please cal	· ·		
Mayra Vame of F	De La Cruz Person	at (32/) Area Code	948-25 Daytime Telephone	Number
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) C	0.00 Filing Fee, certificate of Status & certified Copy dditional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

20.	F/	LE	(/)
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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	* * */	11,1
The Articles of Organization for this Limited Liability Company Florida document number LISODO19055O.	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		11.0
	·	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Trincipui office unuress mest buri sittaur mostass,		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
muting dudies mai beat of the box		

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

18 Cupseed Lane

Enter Florida street address

Harmony, Flori

Florida July

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

$AMBR \approx A$	uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Brandon Dixon		
		7008 Cupseed a	N. Harmory FG34773
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			Remove
			Fehange Change
			2 Remove
			G Changer
			□ Add
			☐ Remove
			Change
			□ Remove
			□ Change
			Remove
			Change

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Filing Fee: \$25.00